

MLN Matters Number: MM3481

Related Change Request (CR) #: 3481

Related CR Release Date: October 29, 2004

Effective Date: April 1, 2005

Related CR Transmittal #: 341

Implementation Date: April 4, 2005

## Implementation of the Medicare Physician Fee Schedule (MPFS) National Abstract File for Purchased Diagnostic Tests and Interpretations

**Note:** This article was revised to contain web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

Some Medicare carriers use a claims processing system (known as the ViPS Medicare Part B system) to process Medicare claims. These carriers will not implement this change at this time. Those carriers are:

- Empire Medicare Services
- Blue Cross Blue Shield of Kansas
- Triple-S
- GHI

Until further notice, physicians, laboratories, and independent diagnostic testing facilities who bill these carriers should continue to follow the billing instructions provided in CR3630 issued on December 23, 2004. That CR can be found at: <http://www.cms.hhs.gov/transmittals/downloads/r415cp.pdf>

Also, a corresponding MLN Matters article related to CR3630 may be found at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3630.pdf>.

### Provider Types Affected

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Physicians, laboratories, and independent diagnostic testing facilities

### Provider Action Needed

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This instruction implements a national abstract file of the Medicare Physician Fee Schedule (MPFS) containing Healthcare Common Procedural Coding System (HCPCS) codes billable as purchased diagnostic tests and interpretations, for every locality throughout the country.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Effective April 1, 2005, suppliers, including laboratories, physicians, and independent diagnostic testing facilities, must bill their local carrier for purchased diagnostics tests and interpretations, regardless of the location where the service was furnished. The Centers for Medicare & Medicaid Services (CMS) recognizes that the abstract file for purchased diagnostic tests/interpretations may not include all diagnostic services that may be purchased. Suppliers may request to add other HCPCS codes that are billable as purchased services to this file by sending a note to CMS at the following address:

Centers for Medicare & Medicaid Services  
Centers for Medicare Management/Provider Billing Group/Division of Supplier  
Claims Processing  
7500 Security Blvd.  
Baltimore, MD 21244

CMS will review these requests periodically to determine whether code additions or deletions are needed, and will make updates to the abstract file in conjunction with the MPFS quarterly releases.

The billing physicians/suppliers should be aware that they are responsible for ensuring that the physician or supplier that furnished the purchased test/interpretation is enrolled with Medicare and is in good standing (i.e., the physician/supplier is not sanctioned, barred, or otherwise excluded from participating in the Medicare program).

The Office of Inspector General (OIG) maintains a database of information concerning parties that are excluded from participation in the Medicare, Medicaid, or other Federal health programs. The OIG exclusions database is available to the public on the OIG web site at the following address:

<http://www.oig.hhs.gov/fraud/exclusions.html>

Suppliers may access this database, or use another available source, to determine whether a physician/supplier is eligible to participate with Medicare prior to billing for a purchased diagnostic test or interpretation.

## Background

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CR3481 implements a national abstract file of the MPFS containing HCPCS codes billable as a purchased diagnostic test/interpretation, for every locality throughout the country. Effective with the implementation of the abstract file on April 4, 2005, carrier jurisdiction rules for purchased diagnostic tests/interpretations will be changed to allow suppliers to bill their local carriers for these services and receive the correct payment amount, regardless of the location where the service was performed. Carrier jurisdictional pricing rules for all other services payable under the MPFS will remain in effect.

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## Implementation

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The implementation date for this instruction is April 4, 2005.

## Additional Information

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The revised portions of the *Medicare Claims Processing Manual* related to this change are attached to the official instruction issued to your carrier. That instruction may be found at <http://www.cms.hhs.gov/transmittals/Downloads/R341CP.pdf> on the CMS web site.

If you have any questions, please contact your carrier at their toll-free number, which can be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS web site.

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